



**Department of Disabilities, Aging and
Independent Living
Division of Licensing and Protection**
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AGENCY OF HUMAN SERVICES

Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

May 29, 2026

Peggy Degoosh, Manager
Frances Atkinson Residence For The Retired
4717 Main Street
Newbury, VT 05051

Dear Ms. Degoosh:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 11, 2026**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott", written over a light blue horizontal line.

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/11/2026
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FRANCES ATKINSON RESIDENCE FOR THE RETIRED

**4717 MAIN STREET
NEWBURY, VT 05051**

R159, R161, R203, R358, & R403
Accepted 5-29-2026
Susan Gregoire RN

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments On May 11, 2026, the Division of Licensing and Protection conducted an unannounced on-site annual re-licensure survey and investigated one complaint allegation. No regulatory deficiencies were identified related to the complaint investigation. The following regulatory deficiencies were identified during the annual survey:	R100		
R159 SS=F	5.9.c (2) Nursing Services For each resident requiring a nursing overview, administration of medication, or nursing care, the registered nurse must: Develop a person-centered written plan of care within 14 days after admission, in accordance with the nursing process and professional standards of practice, for each resident that is based on abilities and needs as identified in the resident assessment. The resident, and if the resident chooses, resident representatives such as family or close supports, must be invited and allowed to participate in care planning meetings. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being, and must be revised as the resident's abilities and needs change This REQUIREMENT is not met as evidenced by: Based on staff interview, and record review, the licensee failed to ensure written person-centered plans of care were developed for multiple residents of the home in accordance with the	R159		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Reggy DeLoach TITLE *Director*

(X6) DATE

5-25-26

Division of Licensing and Protection

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R159	Continued From page 1 nursing process and professional standards of practice, and that the plans described the care and services necessary to assist applicable residents (Resident #1, #3, #4, #5, and #6) in maintaining independence and well-being. Findings include: The home "Admissions Agreement" states nursing oversight includes completion of state-required resident assessments, development of care plans, and monitoring effectiveness of care provided. Per record review conducted on the afternoon of May 11, 2026, the home's care plans for seven residents were reviewed. Five of the seven reviewed residents had care plans that were incomplete, outdated, or failed to address identified care needs: A. Resident #3s care plan was last updated on January 5, 2025, and did not include any interventions identifying how staff were to address the Resident's assessed care needs. B. Resident #4's care plan was last updated on April 22, 2024. The Resident is identified as having impaired vision; however, the care plan did not address the Resident's visual impairment or identify interventions related to visual assistance and support. The Resident was further identified as experiencing a significant psychosocial event; however, the care plan did not address the Resident's emotional support needs or identify interventions related to psychosocial well-being. C. Resident #5s care plan did not include a completion date indicating when the care plan was completed or last updated. The Resident	R159			

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R159	Continued From page 2 was identified as having a history of recurrent altered skin condition; however, the care plan did not address skin integrity concerns or interventions related to monitoring and management of altered skin condition. The Resident was further identified as requiring an assistive device for mobility; however, the care plan did not address the Resident's ambulatory status or use of an assistive device for mobility. D. Resident #1 was identified as receiving end-of-life care services. The care plan did not <u>address the Resident's need for extensive assistance with activities of daily living including personal care and repositioning needs.</u> The care plan further failed to address the Resident's use of <u>assistive transfer equipment, catheter care needs, or interventions related to changes in condition associated with end-of-life care services.</u> E. Resident #6 did not have a written care plan present in the resident record at the time of review. Per staff interview conducted on the afternoon of May 11, 2026, the Registered Nurse acknowledged the identified care plans were incomplete and/or had not been updated to reflect the residents' current health care needs and services.	R159		
R161 SS=D	5.9.c (4) Nursing Services For each resident requiring nursing overview, administration of medication, or nursing care, the registered nurse must: Provide instruction and oversight to all direct care	R161		

did have a care plan it was just outdated

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R161	Continued From page 3 personnel regarding each resident's health care needs and nutritional needs. Delegate nursing tasks as appropriate, following the Board of Nursing's recommended practices, with adequate documentation of delegation; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the licensee failed to ensure the Registered Nurse responsible for nursing oversight at the home provided instruction, delegation, oversight, and adequate documentation of delegation to direct care personnel necessary to safely meet the healthcare needs of one applicable Resident (Resident #1) regarding the use of a mechanical lift transfer device. Findings include: The home admissions agreement states nursing oversight includes completion of state-required resident assessments, development of care plans, and monitoring effectiveness of care provided. The agreement further states that when skilled nursing services are needed on a short-term basis, such as monitoring a health problem, services may be provided within the home by a local home health agency or private nurse, and the home requires a written care plan from agency or nurse providing such services. Per record review of documented "weekly notes" conducted on the morning of May 11, 2026, the most recent note dated April 10, 2026, Resident #1 was identified as requiring maximum assistance with all activities of daily living, including transfers and repositioning. Per staff interview conducted on the morning of	R161			

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R161	Continued From page 4 May 11, 2026, the Licensed Nursing Assistant stated that Resident #1 transfers exclusively with the use of a mechanical lift transfer device. Per observation conducted on the afternoon of May 11, 2026, a mechanical lift transfer device was observed stored against the wall in Resident #1's bathroom. Per staff interview conducted on the afternoon of May 11, 2026, the Licensed Nursing Assistant responsible for providing direct care to Resident #1 stated they utilized the mechanical lift transfer device to transfer the Resident to and from the shower. However, the staff member reported they had not received training, instruction, competency or documented delegation from the home regarding use of the mechanical lift device. The staff member stated they relied on prior experience obtained before employment at the facility. The staff member further reported that only two staff members were familiar with operations of the mechanical lift transfer device, as other staff had not received training in its use. Per interview conducted on the afternoon of May 11, 2026, the Registered Nurse acknowledged that staff had not received formal training, competency validation, or documented delegation regarding the use of the mechanical lift transfer device and further acknowledged that training needed to be initiated.	R161			
R203 SS=D	5.10.h (1) Medication Management All drugs, medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication must be used only for the	R203			

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R203	Continued From page 5 resident identified on the pharmacy label. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel must have access to the keys. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the licensee failed to ensure medications used in the home were labeled in accordance with currently accepted professional standards of practice, as medications prescribed for one applicable Resident (Resident #2) lacked an appropriate identifying label. Findings include: The home's "Medication Management" policy under "Medication Administration" stated that proper medication administration techniques include proper labeling of medications. The policy further stated that staff members would receive training from the registered nurse. Per observation conducted on the morning of May 11, 2026, review of the home's medication cart identified an unlabeled dispensing package containing multiple compartments containing medications that was stored without a pharmacy label or resident-specific identifying information. The dispensing package did not contain the resident's name, medication names, dosage information, or administration instructions. Accepted standards of medication administration practice require that medications remain identifiable until the time of administration, and permit staff to independently verify the rights of medication administration, including the right resident, medication, dose, route and time. The unlabeled dispensing package interfered with	R203		

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R203	Continued From page 6 staff's ability to independently verify these rights prior to medication administration. Per staff interview conducted on the morning of May 11, 2026, the Licensed Nursing Assistant identified the dispensing package as belonging to Resident #2 and stated that the Registered Nurse prepared Resident #2's medications in advance and left the multi-compartment dispensing package for medication-delegated staff to administer. The unlabeled dispensing package remained stored within the medication cart at the time of observation. This finding was acknowledged by the Registered Nurse on the morning of May 11, 2026.	R203			
R358 SS=F	6.10 Resident's Rights The resident's right to privacy extends to all records and personal information. Personal information about a resident must not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records are subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure residents' rights to privacy related to records, including protected health information. Findings include:	R358			

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R358	Continued From page 7 The home's "Resident Rights" policy, posted on a bulletin board in the home's common dining area, stated that residents' rights to privacy extends to all records and personal information. Per observation conducted on the morning of May 11, 2026, the home's <u>medication</u> room, located adjacent to the common dining area and connected to the porch area through an open doorway with a fan positioned between the two spaces, was unsecured and accessible to all residents, visitors, and staff. The medication room was open on multiple sides and contained a curtain opening that prevented the area from being <u>fully secured</u> or locked. During the observation period, the medication room was <u>repeatedly</u> left without staff <u>supervision</u> . The unsecured medication room contained residents' protected health information and medical records, including diagnoses, health histories, medication administration records, hospitalization records, and confidential clinical documentation. These observations demonstrated a failure to safeguard residents' protected health information and maintain privacy of resident records in accordance with applicable state rules. Per interview conducted on the afternoon of May 11, 2026, the Manager acknowledged these findings.	R358			
R403 SS=F	9.1.c Environment The home must ensure that the resident environment remains as free of accident hazards as possible. Maintaining a safe environment must include the safe storage and clear labeling of	R403			

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R403	Continued From page 8 chemical agents, which must include secure storage of such agents if the home has residents with cognitive impairment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure the resident environment remained as free of accident hazards as possible by failing to ensure the secure storage of chemical agents, including cleaning products, in a home serving residents with cognitive impairment. Findings include: The home's policies are consistent with applicable Vermont regulations governing the safe storage of chemical agents in homes serving residents with cognitive impairment. During the facility tour conducted on the morning of May 11, 2026, multiple chemical products were identified as stored in an unsecured manner and accessible to residents with cognitive impairment. Chemical products were observed on a shelf above a sink in the second-floor common sitting area, within an unlocked cleaning supply closet, inside a housekeeper's cleaning supply bag, and within an unlocked laundry room that did not have a locking mechanism available on the door. Per staff interview conducted on the afternoon of May 11, 2026, the Manager acknowledged the findings.	R403			

Deficiency Statement Plan of Correction (POC)

R159, R161, R203, R358, and R403
Accepted 5-29-2026 Susan Gregoire RN

Survey Date:05/11/2026

Facility Name: Vermont Congregational Home (dba: Frances Atkinson Residence)

Deficiency Tag	How the deficiency was corrected	How other potential residents identified, and corrective action taken	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R159	Care plans were completed for all 6 residents chosen.	All Care plans were revised and completed	05/20/2026	Once a month, designate a day to review and revise plans as needed	Director and Ass. Director will Monitor RN's completed revisions
R161	Bayada is scheduled to come in and train all healthcare staff on the use of the hoier lift.	Any new hires will be trained before using the hoier lift and if any other resident needs to use the hoier lift in the future,we will have Bayada come in and retrain any healthcare staff on the use of the hoier lift and documentation of training will be kept in inservice training	To be done on 6/1/2026 at 4 pm with Bayada at Atkinson Residence	Hoier lift training will be put on the checklist for orientation and will be trained on hoier lift if we have a resident in house needing a hoier lift.	Nurse and Ass. Director
R203	Medication was labeled with correct patient name, dosage,medication name and instructions	All other residents medications were checked to be sure all were labeled with patient name, dosage, medication name and instructions	5/11/2026	Medication certified staff will check before each medication pass that all medication is labeled correctly and are adhered to the medication holder. Nurse has also attached a picture of medication with name dose and time to be administered.	Lead LNA, Nurse

R358	This room will be getting renovated in the future but in the meantime a piece of plywood will be put in the door in the hallway by June 6, 2026. All Charts were put upstairs in a locked combination door. A door with combination will be put on the main door to the med office and will be shut at all times. A spring will be put on the door to insure it shuts when people go in and out. The door from the medroom to the porch will be shut and locked at all times. This will be done by June 6, 2026	N/A 5/23/2026 charts upstairs	Done by 6/6/2026 (renovation at a later date)	Attached signs will be put on the main med room door and side door that says this door must be shut and locked at all times.	Lead LNA
R403	Chemical was removed from second floor sitting area and moved to a locked cupboard. Assistant director discussed with the housekeeper about the importance of keeping the cupboard locked even when using the the supplies and that supplies need to be in the room with housekeeper at all time	N/A	5/11/2026	Signs for keeping door shut and locked at all times	Housekeeper Lead LNA

[illegible]